

CONNECTICUT VALLEY HOSPITAL
ACHIEVING EXCELLENCE TOGETHER

Mental Health and Addiction Services



CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Connecticut Valley Hospital
Advisory Board Meeting Minutes

Date: December 12, 2025

Time: 8:00–9:00 am

Location: Page Hall, AV Room, 365

Attendees

- **Larry McHugh**, Chairperson
- **Harry Burr**, Community Member
- **Erika Costa**, Chief of Police, City of Middletown, CT
- **Cynthia Clegg**, Community Member
- **Joe Crego**, Chief Executive Office – WFH
- **Richard Davis**, Deputy Chief of Police, City of Middletown, CT
- **Kevin Elak**, Director of Health, City of Middletown, Health Department
- **Sarah Gadsby**, Chief Executive Officer, River Valley Services
- **Lakisha Hyatt**, Chief Executive Officer, Connecticut Valley Hospital
- **Maria LaPorto**, Division Director, Addiction Services Division – CVH
- **Nancy Navarretta**, Commissioner, DMHAS
- **Dr. Kichul Pak**, Chief Medical Officer, Connecticut Valley Hospital
- **Phillip Pessina**, Community Member
- **Justin Sleeper**, Chief Quality Officer, Connecticut Valley Hospital
- **James Trzaski**, Community Member, Middletown South District Fire Chief

1. Call to Order

The meeting was called to order at **8:02 a.m.** by **Chair Larry McHugh**. The Chair welcomed members and guests in attendance.

2. Commissioner's Report

Nancy Navarretta, Commissioner, provided an update including the following highlights over the last quarter:

Page Hall
1000 Silver Street
Middletown, CT 06457

ct.gov/dmhas

- Over the last quarter
 - September 16, 2025, Opioid Advisory Committee Meeting took place.
 - Allocated over \$111 million and can review the dashboard here at this website: [CT Opioid Settlement Advisory Committee](#)
 - Tasked with collecting information from all the municipalities. All participated and sent information in the fall which explains what each town received and how much has been applied to date. Some towns have yet to spend the money
- Moving forward with peer certification that is launching in 2026
 - As of now over 600 people have been grandparented into the credentialing process and will start the new testing next year
- National Association State Mental Health Program Directors
 - Commissioner Navaretta is the representative in CT and the Northeast of the Region and meets quarterly
- Lots of discussion on the executive orders to date
 - HUD released an notice of opportunity (NOFO) and explained what you are allowed to apply for
 - 22-23 other states are working together to halt that through a lawsuit
 - Philosophically moving away from permanent housing to temporary housing and there is some concern around that because CT has invested a lot of dollars around housing
 - Advocating involuntary treatment was also included, however, evidence based, that does not work
 - In state, there is also a promotion of wellness and recovery through voluntary treatment, not involuntary treatment as there has been found to be more successful outcomes with voluntary treatment and stable housing. It is a model that has been supported in previous administrations and further updates will be given with the lawsuit that has been filed once more news is known.
 - 1) Housing first and then engaging them in services is the model that has worked best here in CT
 - More news to come for the lawsuit
- DMHAS has actively promoted events during “drug take back day”
 - Do a lot of work mentoring and working with young people and peers which have been getting excited about helping others across the state to do prevention work and passing the message along about prevention
- Opening Remarks at NAMI’s annual event and a Tri-Circles event in November. Governor Lament hosted a retreat for the Commissioners and mentioned that he plans to run for Governor again next November.
- OPM Secretary has left position to become a judge. New Leadership has begun with Secretary Willcheck and is getting up to speed in role.
- Strategic plan on workforce development – pivoting on sustainability and training their staff and making sure they keep up with the investment. Folks have the support that they need to practice evidence-based initiatives like DBT, EMDR, clinical models of interventions that the state has invested in.
- Working with quality department, training and education, CCOs of facilities and OOC division directors to build further
- Sara Gadsby hosted a Women’s Leadership Event on Monday, December 8 in Portland
- Transitional housing question/clarification
 - There was a question about whether permanent housing is available

- If the lawsuit is not successful, vouchers will be vulnerable and about 80–90% of the money that is spent through HUD could change quickly and could put folks into a difficult situation
- Federal government is getting behind a more transitional housing model rather than a permanent housing model like we are accustomed to
 - The application for NOFO was pulled, and the Federal Government said that they couldn't be sued right now. The two-year award was supposed to expire in May 2026. However, it was released early because the Federal Government wanted to change the philosophy
 - This will allow the state to determine the best strategy for this scenario
 - Goal is not to criminalize or institutionalize the homeless and to make sure that all members of the community can enjoy the community and that those who need help and support receive services that they need
- Ensuring dignity is always maintained is of utmost importance
 - Social workers help ID who needs help, develop relationship with the homeless/addicts who do need help, and other agencies who are outreaching out to other individuals who need help
 - Crisis intervention team to help others with Middletown Police, St. Vincent de Paul, Warming Centers to help support individuals

3. Chief Executive Officer Report

Lakisha Hyatt, Chief Executive Officer, provided the following updates:

- Extended thanks to the Advisory Council for support
- Acknowledged the passion in collaboration and partnerships locally (eg., Rotary, United Way, Chamber of Commerce)
- Persistence of engagement to inch along a difficult road
- Introduced Chidozie Obuekwe– Chief Financial Officer
- Challenging year but was successful at the same time
 - Ten total surveys in the year 2025:
 - DPH, DEEP, DOJ (voting rights), JC survey – nine out of ten showed no findings
 - The last triennial survey was conducted and had a low number of findings – the culture of the hospital and level of engagement of employees, physicians, psychiatrists, and the level of knowledge that they wanted to share was impressive for the surveyors
- Patient satisfaction surveys – requests are strong. Areas of opportunity are with privacy and constant observation
- Successful year with strong outcome measures as evidenced in the CMO and CQO reports

4. Chief Medical Officer Report

Dr. Pak, Chief Medical Officer, reported the following:

- Creating a healing environment rooted in compassion through reducing constant observation, which is one of the most used safety conventions, however, comes with risk per the literature search
- Placing staff in close observation to watch clients/patients and ensure their safety was a long-time practice, however over a year ago, a project was started that allowed us to think about the impact and how to replace constant observation with other effective methods
- Literature shows that there are adverse effects of continuous observation and promotes distrust between providers and clients

- Providing constant observation supports clients through periods of heightened need, ensuring their safety and the safety of others
 - Constant observation promotes safety from self-injury, suicide, or aggression towards others
- In the literature search results it was shown that benefits of constant observation include safety, however potential adverse impacts include loss of privacy and diminished agency, trauma exacerbation, clinical overreliance, disruption of therapeutic alliance
- Initiative where the doctors underwent observation – and they even saw the value of not having the patients undergoing constant observation
- Connecticut Valley Hospital implemented a series of initiatives that cultivated safety through trust, therapeutic connection and skilled, compassionate care.
 - Education investment in 2025
 - Grand rounds
 - Structured supervision
 - Total medical staff – psychiatrists, psychologists, social workers, therapists, etc. to specific trainings
 - Advancement in trauma informed care
 - Interdisciplinary collaboration
 - Clinical optimism and evidence-based care
- The Trauma Informed Committee at Connecticut Valley Hospital is charged with continuously evaluating and strengthening our hospital's delivery of care through a trauma-informed model.
- Evidence based therapies include the following:
 - Eye movement desensitization and reprocessing "EMDR"
 - Accelerative Resolution Therapy "ART"
 - Attachment, Regulation and Competency "ARC"
 - Trauma Recovery and Empowerment Model
 - Seeking Safety
 - Beyond Trauma
- Cutting edge therapies
 - Saves time
 - Saves money
 - Allow providers to focus on active treatment
 - Clients can participate in trauma informed groups
- Clinical optimism and evidence-based care
 - Clozapine excellence initiative began over 1.5 years ago
 - Single most evidence-based medication that is underutilized
 - 37% of General Psychiatry Division clients now on Clozapine for specific diagnosis
 - Reduction of polypharmacy
 - More medication does not translate to better treatment
 - More than 2 medications may cause increase side effect burden without increased efficacy
 - Pharmacy and Therapeutic Committee tracked data and brought forward to treating physicians and were able to reduce polypharmacy
 - Only 8% of clients are on >2 antipsychotics, down from 11% early this year
 - Ortiz et al (2016) found antipsychotic polypharmacy benchmark rate of 12-18% in state facilities nationwide

- Top 50 Case Review of patients/clients that have been at CVH longest
 - Length of stay ranged from 4.5 to 28 years
 - Clients develop a level of comfort
 - Ongoing evaluations take place to make sure that the time to leave is right and that they aren't leaving too soon or staying too long
 - Difficult cases were reviewed and clients were re-evaluated
 - 18 Top 50 cases reviewed in 2025
 - Discharged 39% of reviewed cases
 - Partnerships were established between the client and the treatment team to ensure a better outcome
 - Clients were brought in & consulted with to ensure that the client's voice was heard
- Multidisciplinary CO Rounding
 - Leadership group meets twice weekly with the front-line staff to maximize contributing behavior on safety
 - Help to work better clinically & encourage clients to have a voice at the table and even clinical staff
- Reduced Constant Observation has been accomplished through education, trauma-informed practice, evidence-based medicine and interdisciplinary collaboration
 - From June 2024 to September 2025, there is an overall decrease in constant observation and 17% decrease in cumulative hours of constant observation compared to 2024

5. Chief Quality Officer Report

- Aggressive acts to self and others are trending down
- Concerns of safety is being taken seriously; however, the data shows that their clients and staff are safe
- 14 total events of elopement which is an uptick by 2 and isn't a significant rise
- Unauthorized leave (elopement) returned to CVH within 24 hours, and they were able to get back safe and resume treatment
- 9 of 14 were left where they were supposed to be and wandered off but came back
- The hospital has a low threshold for elopement to track and assess to capture opportunity to learn how to prevent and handle future elopements

6. Adjournment

Chair McHugh thanked all members for their participation and service.

The meeting was adjourned at **8:50 a.m.**

Minutes Prepared By:

Amy Howard

Interim Executive Secretary

Date Prepared: Dec 31, 2025

Next Scheduled Meeting: March 13, 2025